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Bib Data Sheet

CONFIRMATION NO. 6463

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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/650,027 | <b>FILING OR 371(c)<br/>DATE</b><br>08/27/2003<br><b>RULE</b> | <b>CLASS</b><br>600 | <b>GROUP ART UNIT</b><br>3736 | <b>ATTORNEY<br/>DOCKET NO.</b><br>R0367.00302 |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/819,185 03/27/2001 PAT 6,689,071 which is a CON of 09/159,467  
 09/23/1998 PAT 6,261,241  
 which is a CIP of 09/057,303 04/08/1998 PAT 6,331,166  
 which claims benefit of 60/076,973 03/03/1998 *JS*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/22/2004

|  |                           |                        |                       |                            |
|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>31 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                           |                        |                       |                            |
| Verified and<br>Acknowledged <i>JS</i><br>Examiner's Signature Initials  |                           |                        |                       |                            |

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## TITLE

Electrosurgical biopsy device and method

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|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>1227 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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